

Texas Department of Health  
Toxic Substances Control Division  
Asbestos Licensing Section

Place  
Photo  
Here

PO Box 141097  
Austin, Texas 78714-1097  
800/572-5548 or 512/834-6610

Do Not Write In This Box - For Health Department Use Only	
Date Received: _____	Remittance #: _____ 7C790-178
Date Reviewed: _____	Amount Received: _____
Date Approved: _____	Fiscal Year: _____
License Number: _____	Date Postmarked: _____
Date Issued: _____ Initials _____	Date Mailed: _____ Initials _____

## Asbestos Inspector License Application

A license is required for asbestos inspectors in accordance with 25 TAC §295.31-73. The annual fee of ~~\$60~~ must accompany the application. Send a **cashiers check or money order** payable to the Texas Department of Health 7C790-178. **DO NOT SEND CASH OR PERSONAL CHECKS.** Complete all blocks below (print or type only) and supply all required documentation listed on the back of this form. Applications will not be processed until all necessary documentation has been provided. **LICENSE FEES ARE NON-REFUNDABLE.**

### If renewing

Enter your current license/registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant Name		Social Security # (optional)	
Date of Birth: (month, day, year)		Telephone Number (       )	
Mailing Address	City	State	Zip Code
Company Affiliation (if any)		Telephone Number (       )	
Company Address	City	State	Zip Code (       )

**CERTIFICATION:** I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any forged or fraudulent documents in order to obtain a license. All information I have provided is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section, under TAHPR, 25 TAC §295.35 (a), to verify my identity.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**The following documentation is required, in accordance with §295.50(d) of the Texas Asbestos Health Protection Rules:**

If your license has expired for more than 180 days you will be considered a new applicant. You will need to submit #3.

**Initial license:** please provide all of the following except item #2.

**If renewing,** please provide all of the following except items #1, # 3, #8, #9 and #11.

- \_\_\_\_\_ 1. Submit a copy of applicants certificate of training from a Department-approved training provider for the asbestos inspector initial course.
- \_\_\_\_\_ 2. Submit a copy of applicants certificate of training from a Department-approved training provider for the asbestos inspector refresher course.
- \_\_\_\_\_ 3. Submit a copy of applicants original and all subsequent refresher certificates of training from a Department-approved training provider for the asbestos inspector course.
- \_\_\_\_\_ 4. Applicant's completing out-of-state training, must submit a copy of a 3-hour Texas law training course certificate.
- \_\_\_\_\_ 5. A copy of the training course identification card with a visible photo.
- \_\_\_\_\_ 6. A physician's written opinion submitted on the Texas Department of Health's "Physician's Written Statement" form only, (revised 4/99) of a physical examination performed within the past twelve (12) months in accordance with 40 CFR 763.12(m) (EPA) and 29 CFR 1926.1101 (OSHA) concerning physical examinations.
- \_\_\_\_\_ 7. A 1" x 1" photograph of the face.
- \_\_\_\_\_ 8. A copy of applicant's high school diploma or GED certificate.
- \_\_\_\_\_ 9. Proof of successfully passing the department examination for inspector, if initial application.
- \_\_\_\_\_ 10. Work experience: applicants for licensing as asbestos inspectors are required to submit verifiable written documentation of prior work experience, including professional references with their application forms which includes participation in at least five asbestos inspections performed under the direct supervision of a licensed management planner, licensed asbestos inspector, or licensed asbestos consultant.
- \_\_\_\_\_ 11. A visible (photo quality) copy, front and back, of the documents required, on the attached Form I-9 (Rev. 11-21-91) N, to establish both identity and employment eligibility. The applicant shall provide either one document from list "A" or a combination of two documents, one each, from lists "B" & "C".
- \_\_\_\_\_ 12. Copies of any notices of violation or citations issued by the Texas Department of Health, if renewing, only within the last year.

Sample Format For Asbestos-Related Experience			
Start and Completion Dates	Project Name, Location and Contract Amount	Project Description and Applicant's Duties	Contact Person and Phone Number
5/12/99 - 6/30/99	City Public Service HQ 138 State St. Abilene, TX 79867 550 LF and 300 SF	Supervised removal of pipe insulation and ducts. Set up, removal, personnel monitoring and bag out.	Ron Howard 915/784-0987
7/2/00-- 10/19/00	St. Anne's Church 893 E. Maple San Antonio, TX 78286 25,000 SF	Supervised removal, enclosure, and encapsulation of asbestos. Site preparation	Murphy Brown 512/345-3567

## IMPORTANT

\* If your application is complete, allow a **minimum** of three weeks for processing after being received by the licensing section.

\* Within 30 days of receipt of your application a Deficiency Notification will be sent if additional documentation is required or errors are contained in your application. From the date of the Deficiency Notification you have 90 days to complete your application, after which it will be denied due to abandonment [§295.38(e)(2)(A) of the Texas Asbestos Health Protection Rules].

- \* If your license is lost or stolen, you must request, complete, and submit an "Application for Duplicate Asbestos License" form. This form may be obtained at [www.tdh.state.tx.us/beh/asbestos](http://www.tdh.state.tx.us/beh/asbestos) or (800)572-5548 or (512)834-6610.
- \* Make sure you have completed all appropriate sections of this form. Sign and date the application, and return it to the address shown below:

## **PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD**

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 522.021, 522.023 y 559.004)

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